

Received
3/14/08 LPU

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FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2008
NAME OF PROVIDER OR SUPPLIER NCC		STREET ADDRESS, CITY, STATE, ZIP CODE 1501 GALLATIN ST, NE WASHINGTON, DC 20017			
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1000	INITIAL COMMENTS A licensure survey was conducted from February 19, 2008 through February 21, 2008. A random sample of three residents was selected from a resident population of four males and two females with various disabilities. The findings of the survey were based on observations, interviews with staff, program coordinators, program managers in the home, as well as a review of client records, administrative records, and incident reports. Investigation reports were also reviewed.	1000			
1060	3502.18 MEAL SERVICE / DINING AREAS Perishable foods shall be stored at proper temperatures in order to conserve nutritive value. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure that equipment necessary for monitoring deep freezer temperatures was provided. The finding includes: Observations during the environmental walk-thru on February 21, 2008 at approximately 10:48 PM revealed no thermometer was in the deep freezer located in the dining area. Interview with House Manager and Program Manager acknowledged that there was no thermometer in the deep freezer.	1060	1060 NCC has purchased a thermometer for the deep freezer.	3/15/08	
1074	3503.3(c) BEDROOMS AND BATHROOMS Each bedroom shall be equipped with at least the following items for each resident:	1074			

Health Regulation Administration

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0006

3VCO11

If continuation sheet 1 of 22

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I 074	Continued From page 1 (c) Drawer space; and... This Statute is not met as evidenced by: Based on observations and interview the GHMRP failed to ensure the dressers were properly maintained. The finding includes: During environmental walk-through on February 21, 2008 revealed Resident #1's bottom drawer was broken.	I 074	I074 NCC has repaired/replaced the dresser drawer in resident #1's bedroom.	4/1/08	
I 095	3504.6 HOUSEKEEPING Each poison and caustic agent shall be stored in a locked cabinet and shall be out of direct reach of each resident. This Statute is not met as evidenced by: Based on observation the GHMRP failed to lock caustic agents being stored. The finding includes: During the environmental walk-through on February 21, 2008 revealed a spray bottle of "Soft Scrub with bleach" caustic agent stored under the bathroom cabinet located upstairs in the main hallway.	I 085	I095 The caustic agent was removed. All caustic agents will be stored in the locked cabinet and staff will be retrained in the appropriate storage of caustic agents.	4/1/08	
I 098	3504.9 HOUSEKEEPING Each GHMRP shall provide appropriate procedures, personnel, and equipment in order to ensure sufficient clean linen supplies and the proper sanitary washing and handling of linen and personal clothing of each resident.	I 098			

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I 111	Continued From page 3	I 111			
I 111	3504.18 HOUSEKEEPING Each GHMRP shall establish sorting and washing procedures to ensure adequate sanitation either by assisting the residents to perform these tasks or by performing the tasks for the residents as indicated in the their Individual Habilitation Plan (IHP). This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide a policy on sorting and washing residents clothes. The finding includes: During the policy and procedures review on February 19, 2008 at 11:49 AM, the GHMRP failed to provide sorting and washing procedures to ensure adequate sanitation either by assisting the residents to perform these tasks or by performing the tasks for the residents as indicated in the their Individual Habilitation Plan (IHP). Interview with the facility's Compliance Specialist on February 21, 2008 acknowledged that the facility was without a policy and procedure for sort/washing clothes.	I 111	I111 Cross-reference I098	4/1/08	
I 135	3505.5 FIRE SAFETY Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to hold evacuation drills quarterly on all shifts.	I 135			

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I 135	<p>Continued From page 4</p> <p>The finding includes:</p> <p>Interview with the Program Coordinator (PC) and review of the staffing pattern on February 19, 2008 at approximately 11:19 AM revealed the scheduled shifts are as follows:</p> <p>Weekdays</p> <p>1st Shift 7 AM to 3 PM 2nd Shift 3 PM to 11 PM 3rd Shift 11 PM to 7 AM</p> <p>Weekends/Saturday and Sunday</p> <p>1st Shift 7 AM to 3 PM 2nd Shift 3 PM to 11 PM 3rd Shift 11 PM to 7 AM</p> <p>Further interview with the PC revealed that the staff was required to conduct a drill once per month on each shift. Review of the fire drill log book from February 2007 to February 2008 revealed that the GHMRP failed to hold fire evacuation drills on each shifts. There was no evidence that fire drills were conducted quarterly on all shifts.</p>	I 135	<p>I135</p> <p>The NCC house manager will be trained on appropriate fire drill procedures and schedules. The program coordinator will monitor and review monthly.</p>	4/1/08	
I 161	<p>3507.2 POLICIES AND PROCEDURES</p> <p>The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP governing body failed to review its</p>	I 161			

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I 161	Continued From page 5 policies and procedures annually. The finding includes: Interview and review of the policy and procedure manual on February 21, 2008 at approximately 12:00 PM failed to provide evidence that the agency's policy manual had not been reviewed and approved by the governing annually as required.	I 161	I161 The Chief Executive Officer (CEO) has reviewed and signed the agencies policy and procedure manual. The CEO will review and sign these policies and procedure every January.	3/15/08
I 165	3507.4(c) POLICIES AND PROCEDURES The manual shall incorporate policies and procedures for at least the following: (c) Health and safety, which covers fire safety and evacuation, infection control, medication, and procedures for emergency and the death of a resident; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure a policy on health and safety to include trauma and death. The finding includes: Interview and review of the GHMRP's policies and procedures manual on February 21, 2008 revealed the GHMRP failed to have a policy to include funeral/burial.	I 165	I165 NCC has a policy for funeral/burial. (See attachment #1)	3/15/08
I 184	3508.5(a) ADMINISTRATIVE SUPPORT Each GHMRP shall have an organization chart that shows the following: (a) All major components of the administering	I 184		

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I 206	Continued From page 7	I 206			
I 206	<p>3509.6 PERSONNEL POLICIES</p> <p>Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that all staff had current health certificates on file.</p> <p>The findings include:</p> <p>Review of the personnel files conducted on February 21, 2008 revealed the GHMRP failed to provide evidence of current health certificates for six staffs, two Licensed Practical Nurses (LPN), and three consultants at the time of the survey. (S #3, #6, #7, #8, #9, #10, LPN #2, LPN #3, C #1, #2, and #3)</p>	I 206			
I 224	<p>3510.5(a) STAFF TRAINING</p> <p>Each training program shall include, but not be limited to, the following:</p> <p>(a) Overview of mental retardation including, but not limited to, definition, causes of mental retardation, associated health implications, and frequently used medications, the history of care of individuals with mental retardation, and daily living skills;</p>	I 224	<p>I206</p> <p>All staff and consultants will have current health certificates.</p>	4/15/08	

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I 224	Continued From page 8 This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure effective training was provide to each staff. The finding include: Review of the training records on February 21, 2008 revealed that the GHMRP failed to provide training in overview of mental retardation. Interview with the facility's Compliance Specialist on the same day at approximately 12:35 PM acknowledged that staff had received current training on the overview of mental retardation.	I 224	I224 All staff will be trained on a overview of Mental Retardation.	5/1/08
I 225	3510.5(b) STAFF TRAINING Each training program shall include, but not be limited to, the following: (b) Human development through the life cycle (birth to death); This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure effective training was provide to each staff. The finding include: Review of the training records on February 21, 2008 revealed that the GHMRP failed to provide training on Human Development. Interview with the facility's Compliance Specialist on the same day at approximately 12:37 PM acknowledged that staff had received current training on the Human Development.	I 225	I225 All staff will be trained on Human Development.	5/1/08

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I 227	Continued From page 9	I 227			
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (c) Infection control for staff and residents; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current training in first Aid and CPR for employees. The findings include: On February 21, 2008, review of personnel records/training records revealed that the following staffs, were without current First Aid and CPR, or both at the time of the survey. 1. Current CPR - S#2, #3, #4, #7, #8, #9, #10, RN, and LPN #3 2. First Aid - S#2, #3, #7, #8, #9, and #10	I 227	I227 All staff will be trained in CPR, First Aid, and infection control.	5/1/08	
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on interview and review of training documents, the GHMRP failed to provide evidence to validate staff training as indicated by residents' need.	I 229			

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I 229	Continued From page 10 The finding includes: Review of the training records on February 21, 2008, revealed the GHMRP failed to provide training on recreation and communication. Interview with the facility's Compliance Specialist on the same day at approximately 12:35 PM acknowledged that staff had received current training on the overview of mental retardation.	I 229	I229 All staff will be trained in recreation and communication.	5/1/08	
I 378	3519.9 EMERGENCIES Each GHMRP shall have in place a procedure which describes the process for arranging funeral services and burials and for assuring the notification and involvement of significant others. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that their policy and procedure manual described the process for arranging funeral services and burials. The finding includes: Interview and record review on February 21, 2008 failed to provide evidence of a policy on funeral services and burials.	I 378	I378 Cross-reference I165	3/15/08	
I 379	3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of	I 379			

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I 379	<p>Continued From page 11</p> <p>Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.</p> <p>This Statute is not met as evidenced by: Based on interview and record review revealed that the the GHMRP failed to make notification by reporting all incidents within twenty-four (24) hours or the next day.</p> <p>The findings include:</p> <p>On February 19, 2008 at 12:37 PM, interview review of a facility unusual incident report revealed the following:</p> <ol style="list-style-type: none"> 1. On February 7, 2008, Resident #4 was discovered to have a swollen elbow (right) after sustaining a fall to the ground. The resident was transported to the ER. 2. On November 8, 2007, Resident #4 reported to staff he fell while on the cruise and hurt his back. The resident sustained a bruise (linear) on the right lower back. 3. On August 29, 2007, Resident #1 was discovered with a bruise a little larger than a dime on the inside of the right bicep. Cause not determined. 4. On August 10, 2007, Resident #1 was discovered with a dime size bruise on the inner 	I 379	<p>I379</p> <p>All incidents will be reported to DOH. The incident management investigator will be trained in appropriate incident reporting.</p>	4/1/08

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1379	Continued From page 12 surface of his right thigh. Cause not determined. 5. On October 28, 2007, Resident #1 was discovered with small scratches on his chest while being assisted with his shower. Cause not determined. Further review of the records did not evidence that the Department of Health was notified of these aforementioned incidents within 24 hours as required.	1379			
1391	3520.2(a) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (a) Medicine; This Statute is not met as evidenced by: Based on clinical and medical record review, the GHMRP failed to ensure that qualified professional staff carried out and monitored necessary professional interventions, in accordance with clients needs, the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The finding includes:	1391			

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I 391	Continued From page 13 Review of Resident #3's medical records on February 20, 2008 at approximately 10:37 AM revealed telephone orders for Ammonium Lactate on December 11, 2007, Debrox 6.5% on November 11, 2007, and Detrol LA 4 mg on November 5, 2008. Further review of the orders revealed that the facility's Primary Care Physician (PCI) failed to sign off on the orders. Interview with the facility's Registered Nurse (RN) on February 20, 2008 at 12:02 PM acknowledged that there was an oversight by the PCP. Note: The RN provided the surveyor with the PCP's signature for the telephone orders list above on February 21, 2008.	I 391	I391 This deficiency was corrected on 2/21/08	3/15/08	
I 395	3520.2(e) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (e) Nursing; This Statute is not met as evidenced by: The GHMRP failed to ensure that qualified professional staff carried out and monitored necessary professional interventions, in accordance with clients needs, the goals and objectives of every individual habilitation plan, as	I 395			

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I 395	<p>Continued From page 14</p> <p>determined to be necessary by the interdisciplinary team for one of three residents included in the sample. (Resident #2)</p> <p>The findings include:</p> <p>1. Observations of the evening medication administration pass on February 19, 2008 at 5:49 PM revealed, Resident #2 was administered Depakote 750 mg for seizures. Interview with the Licensed Practical Nurse (LPN) confirmed that the Depakote was prescribed for seizures. Review of Resident #2's medical book on February 20, 2008 at 9:06 AM revealed a nursing note dated June 26, 2007. According to the nursing note, Resident #2 was not administered her evening medication within in the allotted timeframe due to an outing in which the staff lost track of time. Interview with the LPN and RN on February 21, 2008 at acknowledged that staff failed to have Resident #2 in place for her evening medications. The RN stated that staff will be re-trained in making sure residents are in place regarding medication administration. There was no evidence that that Resident #2 was administered her medications in accordance with the Physician's Orders.</p> <p>Note: Resident #2 also missed her morning medication of Depakote on June 16, 2007 due to a lab visit.</p> <p>2. The facility nursing staff failed to ensure that Resident #2's bowel movements were being documented as evidence below:</p> <p>Review of Resident #2's Individual Support Plan (ISP) dated July 2007 on February 19, 2008 at 3:26 PM revealed a diagnosis of "Irritable Bowel Syndrome". Interview with the House Manager</p>	I 395	<p>I395</p> <p>1. a. Staff will be trained on the importance of adhering to medication administration times by 4/12/08</p> <p>b. Resident #2 missed her morning medication due to nothing by mouth status for fasting labs and returned back to the home late outside of Medication Administration Times. MD was made aware of missed dose, and an order was given to give additional dose in the PM to make up for missed dose. Nursing documentation on the mention date was done to reflect this event. A review or discussion of the process around medication administration times of during nothing by mouth status will be done by 4/12/08.</p>	4/12/08	

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1395	Continued From page 15 (HM)/ Program Manager (PM) and review of the bowel tracking sheets on February 19, 2008 revealed that staff are to document each time she has a bowel movement. According to the bowel tracking sheets for February 2008, January 2008, and December 2007, Resident #2 has not had a bowel movement in over two weeks each month. Further interview with the HM revealed that Resident #2 has a bowel movement almost daily. The PM indicated that Resident #2 just had a colonoscopy completed in December 2007 and everything checked out okay. The PM further indicated that it's very difficult to know whether or not the resident has had a bowel movement due to privacy. Additional interview with the facility's RN on February 21, 2008 revealed that their needs to be a better tracking system developed in order to know when Resident #2 has had a bowel movement.	1395			
1401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on observation, staff interview and record review the GHMRP failed to ensure the residents was listed on current physician's orders for one of three residents included in the sample. (Resident #2) The finding includes:	1401			

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I 401	Continued From page 16 On February 19, 2008 at 7:10 PM the Resident #3 was observed during his dinner meal. The resident was served fajita (steak), tortillas, oriental vegetable, orange/peaches regular, and a beverage. Interview with the House Manager revealed that Resident #3 is on a regular diet. Review of the current Physician's Orders (POS) on February 20, 2008 at 10:37 PM revealed no evidence of a diet for Resident #2 listed on the POS. Further record review revealed a diet for "Regular Extra Portions AD LIB - Control Cholesterol" in the Nursing Assessment dated July 25, 2007. Interview with the facility's Registered Nurse (RN) on the same day at approximately 12:15 PM acknowledged that the diet was not listed on the current physician's orders. There was no documented evidence that Resident #2's diet was included on the resident's POS.	I 401	I 401 Resident # 2's Diet order was added to the current Physician Orders on 2/19/08. All future Physician orders will list all pertinent information.		
I 420	3521.1 HABILITATION AND TRAINING Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning. This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide continuous active treatment, including aggressive, consistent implementation of programs and related services, for one of the five residents of the facility. The findings include: 2. Resident #3 was observed in the facility from	I 420			

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I 420	Continued From page 17 4:02 PM thru 7:25 PM on February 19, 2008. From 4:02 PM to 5:09 PM, Resident #3 wandered from the the living room to the kitchen with finger pressed against left ear. He was observed to look out the kitchen window during this timeframe as well. At 5:09 PM, the HM encouraged the resident to play his play station video game. The resident played the game for approximately 30 to 50 minutes off/on while getting up walking from the living room to the kitchen and back to the living room. At 6:35 PM, Resident #3 was observed standing in the kitchen looking out the window. At 6:48 PM the resident washed his hands for dinner at sat at the dinner table until the food was served at 7:10 PM. The resident ate independently. No other active treatment was offered during this time. Interview with the House Manager (HM) and review of the Person Centered Plan (PCP) dated April 6, 2007 on February 20, 2008 revealed Resident #3 has the following objectives:	I 420			
	a. The resident will go out walking in his community for 30 to 45 minutes. b. The resident will participate in leisure/recreation 9-12 times monthly. c. The resident will play basketball at his chosen location once weekly. 4. The resident will learn to operate the dishwasher and learn to recognize which soap to use. (i.e. liquid soap, dish soap) The resident was not encouraged to operate the dishwasher when the opportunity presented itself during observations on February 19, 2008. The resident was not offered to go on a community walk as well. Interview with the Program Manager (PM) on February 20, 2008 acknowledged that Resident #2 was not engaged		I420 All staff will be trained on appropriate informal and formal active treatment implementation.	5/1/08	

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I 420	Continued From page 18 in any other activity besides the video game. The PM stated the he did see Resident #2 walking from the living to kitchen area frequently. There was no evidence of continuous, aggressive active treatment interventions and services to support Resident #2 with achieving the objectives outlined in his habilitation plan.	I 420		
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observations, interviews, and record review the GHMRP staff failed to demonstrate competency in the implementation of Resident #1's Behavior Support Plan (BSP). The finding includes: The facility failed to address Resident #1's target behavior of "Catatonic-like behavior" in accordance to the BSP as evidence below: On February 7, 2008 at 4:22 PM Resident #1 was observed to sit on the sofa in the living room appearing to sleep and with a deep glaring stare on his face. The resident sat there with the look on his face until 4:57 PM when he was encouraged to ride the exercise bike. Resident #1 was observed to ride the exercise bike approximately 20 minutes before returning back to the living room sofa in which he remained there until 6:48 PM. During this this period, Resident #2 was not encouraged or offered any other activity. Interview with the House Manager on February 20, 2008 acknowledged that Resident #1 was not offered any other activities besides	I 422	I422 All staff will be trained in resident #1 behavior support plan. The second portion of this citation eludes to resident #5 who has a 1:1 staff. No resident at this home has a 1:1 staff. Also the date indicated on this citation is inconsistent with the date the surveyor reviewed the home.	4/15/08

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1422	<p>Continued From page 19</p> <p>the exercise bike. Review of Resident #1's BSP dated November 1, 2007 on February 20, 2008 at 9:00 AM revealed an objective which reads "the resident will maintain incidents of "Catatonic-like" behaviors (i.e. appearing sleepy or not engaged, staring off into space, not responding to staff) at 10 or fewer times for 6 consecutive months. Further review of the BSP revealed that following procedures for Catatonic behaviors:</p> <ol style="list-style-type: none"> 1. The resident should be involved in meaning activities. 2. The resident is observed to be staring into space, appearing non-responsive, staff should assist him in engaging in another activity and then praise him for doing it. <p>There was no evidence that staff encouraged or engaged Resident #1 in meaningful activities each time he was engaged in catatonic - like behavior in accordance with the BSP.</p> <p>leave the kitchen area to go outside to stand on the front porch. Client #5's 1:1 staff was in the kitchen preparing the dinner meal. The client remained outside on the porch for two minutes before coming back into the facility. At no time did the 1:1 staff leave the kitchen area to trail or remain within eyesight of Client #5 as required by his behavior management plan.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on February 8, 2008 at approximately 10:00 AM revealed Client #5 received 1:1 staffing 24 hours a day to manage physically aggressive behaviors to prevent elopement and injuring self and others. Further interview with the QMRP revealed that one of the primary duties of the 1:1 staff person was to</p>	1422			

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I 422	Continued From page 20 remain within eyesight and/or arms length of Client #5 at all times. Review of the staff training records on February 8, 2008 at 9:12 AM revealed that all staff signed and received training on their 1:1 job duties and responsibilities. There was no evidence that training was successful.	I 422			
I 500	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure the protections of each residents rights, for one of the three residents (Resident #2) included in the sample. The finding includes: The facility failed to provide evidence that informed consent was obtained from Resident #2 and/or her legal guardian for sedations given during medical appointments. Review of the medical records on February 19, 2008, at approximately 9:08 AM, revealed Resident #2 had received sedations for the following medical appointments as evidenced below: a. On July 5, 2007, the resident received 2 mg of Ativan one hour prior to her OB/GYN appointment. b. On July 19, 2007, the resident was given Ativan one hour prior to her OB/GYN	I 500	1 I 500 Resident #2 was appointed a legal guardian on December 4 th 2007. Any future medical interventions needing a consent will be forwarded to guardian for signature.		

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I 500	<p>Continued From page 21</p> <p>appointment.</p> <p>c. On August 30, 2007, the resident was administered 4 mg of Ativan by mouth 30 minutes before her OB/GYN appointment.</p> <p>Interview with the facility's Registered Nurse (RN) on February 21, 2008 revealed during this time, it was unclear whether or not the resident was able sign consent for herself. The RN further revealed that this issue has been cleared up due to Resident #2 receiving a medical guardian on December 5, 2008. Review of the the "Psychological Update" dated April 27, 2007 revealed Resident # does not evidence the capacity to make decisions on her own behalf in treatment/habilitation, residential placement, ongoing medical, or financial matters.</p> <p>Additionally, the RN revealed that Resident #2 did not have a legal guardian during the sedations for medical appointments. At the time of the survey, however, the facility failed to provide evidence that informed consent was obtained from the resident and/or legally authorized representative for the use of the aforementioned sedations.</p>	I 500			

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R 000	INITIAL COMMENTS A licensure survey was conducted from February 19, 2008 through February 21, 2008. A random sample of three residents was selected from a resident population of four males and two females with various disabilities. The findings of the survey were based on observations, interviews with staff, program coordinators, program managers in the home, as well as a review of client records, administrative records, and incident reports. Investigation reports were also reviewed.	R 000			
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on the review of records, the GHMRP failed to ensure criminal background checks for the previous seven (7) years, in all jurisdictions where staff had worked or resided within the seven (7) years prior to the check for one of staff. The finding includes: Review of the review of personnel files on February 21, 2008 revealed the GHMRP failed provide evidence of a criminal background checks for the previous seven years in all jurisdiction where four staffs had worked or resided at the time of the survey. (Staff #7, #8, #9, and #10)	R 125	R125 NCC utilizing Choice point for the criminal background checks. This agency reviews seven years of background history in all jurisdiction resided during that time. (See attachment #2)	3/15/08	

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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